

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. 243
Registered No. 377

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 47 Grover Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

2. Full name of child. Angela Romo3. Sex of Child To be answered ONLY } 4. Twin, triplet or other. _____ 6. Legitimate? 7. Date May 31-1930
Female in event of plural } 5. No., in order of birth. _____ of birth Month Day Year
births.

8. FATHER

Full name

Jose Romo9. Residence
(Usual place of abode)Miami,

If non-resident, give place and state.

Arizona.

10. Color or race

Mex.11. Age at last birthday 35 (Years)

12. Birthplace (city or place)

Zacatecas
Mex.

(State or country)

13. Occupation

Nature of Industry

Smelter

14. MOTHER

Full maiden name

Pietra Moreno15. Residence
(Usual place of abode)Miami

If non-resident, give place and state.

Arizona.

16. Color or race

Mex.17. Age at last birthday 24 (Years)

18. Birthplace (city or place)

Aguas Caliente
Mex.

(State or country)

19. Occupation

Nature of Industry

Housewife

20. Number of children of this mother. _____

(Taken as of time of birth of child herein
certified and including this child.)(a) Born alive and now living 4
(b) Born alive but now dead 2
(c) Stillborn 621. Were precautions taken against oph-
thalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11:30 A. M. on the date above stated.
(Born alive or stillborn)

Signature

Cyril M. Brown M.D.

(Physician or midwife.)

Given name added from
a supplemental report.

Month, day, year

Address

Miami, Arizona.Filed June 17 1930

Registrar.

Registrar.

196-531-2460